	(1)	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
	Coverage	volume (minois)	Change (1 of -)
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	190,712	-10.4%
10.	Extended Coverage	245,293	5.7%
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
.	- 11. 1 1	24 2 3 4 2 1 9 76 2 2 2 2 2 2	
No No		erritories) or certain classes? If so, specify:	
INO			
Drief	description of filing (If filing follow	s rates of an advisory organization, specify of	ranization):
		: CF-2009-239 and introducing EMCASCO	
	Property & Casualty Compay	. CI -2009-239 and introducing LINEASCO	msurance Company and
CIVIC	Froperty & Casualty Compay		

Employers Mutual Casualty Company Name of Company

Don Coughennower Assistant Vice President	
Official - Title	

^{**} Change in Company's premium level which will result from application of new rates.

	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	1,134,809	-9.2%
10.	Extended Coverage	1,221,244	6.8%
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
oes fil No	ing only apply to certain territory (to	erritories) or certain classes? If so, specify:	

* Adjusted to reflect all prior rate changes.

Illinois EMCASCO Insurance Company
Name of Company

Don Coughennower
Assistant Vice President
Official - Title

^{**} Change in Company's premium level which will result from application of new rates.

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 9/1/2011 (3) (1) (2) **Annual Premium** Percent Change (+ or -)** Coverage Volume (Illinois)* **Automobile Liability Private** Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. **Burglary and Theft** Glass 5. 6. Fidelity 7. Suretv **Boiler and Machinery** 8. 9. 144,750 6.80% 10. Extended Coverage 242,645 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No, we are adopting Loss Costs for all Fire and Allied Lines territories. This applies to Riverport Insurance Company. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting the ISO Fire and Allied Loss Cost revision CF-2009-RLC09 effective September 1, 2011. Our percentage of change number for fire is based on ISO's rate level change. The Extended Coverage percentage is based on no change for Group II (per ISO) and an average rate increase for Special coverage between buildings and contents based on our business we write. *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Riverport Insurance Company Name of Company Gregory G. Gertz, Asst. Product Development Analyst Official - Title

	Change in Company's premium or rat	e level produced by rate revision effectiv	e 01/01/2011
	(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	\$38,443	25%
10.	Extended Coverage	\$15,425	25%
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
Does f	iling only apply to certain territory (te	erritories) or certain classes? If so, specif	y:
	description of filing. (If filing follows are implementing ISO revisions CF-20	rates of an advisory organization, specif 09-RRU09 & CF-2009-RLC09.	y organization):
** Cl	djusted to reflect all prior rate changes hange in Company's premium level who sult from application of new rates.		
			ter General Insurance
			Name of Company
		Bria Affa	
			Official - Title

	Change in Company's premium or rate	te level produced by rate revision effect	ctive 01/01/2011
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	\$27,622	25%
10.	Extended Coverage	\$11,666	25%
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail	•	-
15.	Other	· · · · · · · · · · · · · · · · · · ·	
Brief o		rritories) or certain classes? If so, special rates of an advisory organization, speciol-RRU09 & CF-2009-RLC09.	
** Cl	djusted to reflect all prior rate changes nange in Company's premium level w sult from application of new rates.	hich will	
		_ <u>S</u>	helter Mutual Insurance Company
			Name of Company
			Brian Marcks, Coord Ins Dept
			Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial	·	
Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
1 Ruralany and Thoff		
5. Glass		
5. Fidelity		
7. Surety		
B. Boiler and Machinery		
9. Fire	\$365,144 (est.)	+5.0%
10. Extended Coverage	\$284,578 (est.)	+5.0%
1. Inland Marine		
2. Homeowners		
3. Commercial Multi-Peril		
4. Crop Hail		
5. Other		
Line of Insurance		
Does filing only apply to certain territory (terr	itories) or certain classes? If so, specify:	No.

Standard Mutual Insurance Company

Name of Company

Larry L. Boehm, CPCU, Assistant Underwriting Manager

Official – Title

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.